

# MEMORANDUM

TC

Agenda Item No. 2(A)

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**TO:** Honorable Chairman Bruno A. Barreiro  
and Members, Board of County Commissioners

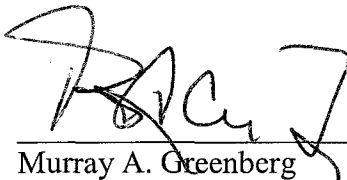
**DATE:** March 14, 2007

**FROM:** Murray A. Greenberg  
County Attorney

**SUBJECT:** Resolution retroactively  
authorizing in-kind services  
for the National Woman's  
Heart Day Event

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The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Audrey M. Edmonson.

  
for: Murray A. Greenberg  
County Attorney

MAG/jls



# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Bruno A. Barreiro  
and Members, Board of County Commissioners

**DATE:** April 24, 2007

**FROM:** Murray A. Greenberg  
County Attorney

**SUBJECT:** Agenda Item No.

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved \_\_\_\_\_ Mayor

Agenda Item No.

Veto \_\_\_\_\_

04-24-07

Override \_\_\_\_\_

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE TRANSIT AGENCY FOR THE FEBRUARY 16, 2007 NATIONAL WOMAN'S HEART DAY EVENT SPONSORED BY SISTER TO SISTER: EVERYONE HAS A HEART FOUNDATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$5,220.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

**WHEREAS**, Sister to Sister: Everyone Has a Heart Foundation, Inc. has requested in-kind services from the Miami-Dade Transit Agency for the February 16, 2007 National Woman's Heart Day event in an amount not to exceed \$5,220.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, Sister to Sister: Everyone Has a Heart Foundation, Inc. is a not-for-profit organization; and

**WHEREAS**, the National Woman's Heart Day event is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and the in-kind services shall be funded from the Countywide In-kind Reserve Fund,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board retroactively authorizes in-kind services from the Miami-Dade Transit Agency for the February 16, 2007 National Woman's Heart Day event in an amount not to exceed \$5,220.00 to be funded from the Countywide In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Audrey M. Edmonson and offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman	
Barbara J. Jordan, Vice-Chairwoman	
Jose "Pepe" Diaz	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Joe A. Martinez	Dennis C. Moss
Dorin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 24<sup>th</sup> day of April, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.

MR

Monica Rizo

Trans # 850

**MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff  
Communications Department  
111 N.W. 1st Street, Suite 2510  
Miami, FL 33128

Phone: (305) 375-2836  
Fax: (305) 375-3968

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: Miami Dade College, Medical Center Campus

2. Applicant Status: (Select one of the choices below)

- ☐ Not-For-Profit or Tax Exempt ☒ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Bob Wilcosky  
950 N. W. 20th Street, Miami, FL 33127, Fax# (305) 237-4441, rwilcosk@mdc.edu

4. Specify fee waiver or in-kind service requested (quantify, if applicable): One (1) Metro Bus from 8am to 4pm.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Miami Dade College  
Medical Center Campus Community Health Fair  
Purpose: To heighten awareness of common health problems among the community and promote  
healthcare access.

FEB. 17, 2007

6. Please select ALL that apply to event:

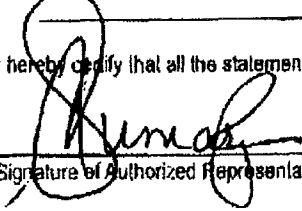
- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): 950 N. W. 20th Street, Miami, FL 33127  
District 8

**MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION**

8. Description of regional or local impact: To provide healthcare information to the community, especially those in need to basic healthcare.  
Participants attending will receive free screenings for glucose, glaucoma, cholesterol and blood pressure.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Saturday Feb. 17 2007 from 9:30 AM to 2:00P.M.
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Please see attached flyer.
11. Expected number of participants and estimated attendance (per day, if applicable): 1,000 plus
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Please see attached budget sheet

I hereby certify that all the statements made in this application are true and correct.

  
Signature of Authorized Representative

February 7, 2007  
Date

Miami-Dade College  
Medical Center Campus  
hosts

**FREE**  
**TRANSPORTATION**  
from specific locations  
will be provided by  
Miami-Dade Transit

# Community Health Fair

Presented by  **CareAccess**  
HEALTH PLAN

**Saturday, February 17, 2007**

**9:30 a.m. – 2 p.m.**

**Medical Center Campus**

**950 N.W. 20th Street, Miami, FL 33127**



**FREE**  
*Health Care Access*

**FREE screenings!**

glucose, blood pressure, cholesterol, dental, vision and glaucoma.

Information on:

prenatal care, diabetes, donating blood,  
nutrition, wellness, asthma and dental care.

For more information  
call 305-237-4209 or visit  
[www.mdc.edu/medhealthfair](http://www.mdc.edu/medhealthfair)

 **Miami-Dade College**

Medical Center Campus



**Children's Corner!**

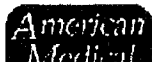
Free health  
information,  
face painting  
& balloons.



Thanks to our sponsors:



**TRANSATLANTIC**  
BANK



**UNIVISION 22**

**69**



*of South Florida*

**PROJECT NAME:** Community Health Fair

## REVENUE & SUPPORT

**Salaries:**

### Position & % by Funding Source

### Position & % by Funding Source

### Position & % by Funding Source

### Position & % by Funding Source

### Position & % by Funding Source

Benefits &amp; % by Funding Source

## Rents & Leases

## Utilities

## Insurance

Office Supplies &amp; Copying

Medical / Educational / Program Supplies

### Laboratory Fees

Travel (Mileage / Other)

## Professional Fees

Total Capital Items (from Attachment D) \*

### Meetings / Seminars / Workshops (Project Related)

Other (please specify):

### Food for participants

## Advertising and Marketing

## Contracts

### Indirect Costs

**TOTAL EXPENSES**

**\$10,000.00**

**\$30,551.00**

**\$10,000.00**

**\$0.00**

**\$0.00**

1

### Change in Net Assets

P. 4/5

TO: 993053753968

EB-07-2007 17:02 From:

Year 1

**FUNDING  
SOURCE**

**FUNDING  
SOURCE**

**FUNDING  
SOURCE**

**FUNDING SOURCE****FUNDING  
SOURCE**

**HFSF**

## Cash Sponsorships

## Inkind Services

TOTAL

AL

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